



Transbronchial cryobiopsy: the right procedure for the right patient in the right place at the right time

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Shareable abstract (@ERSpublications)

This editorial assesses the impact of newly published ERS guidelines for use of transbronchial cryobiopsy for diagnosis of interstitial lung disease, including future areas of research likely to facilitate ongoing global adoption <https://bit.ly/3LAy1n8>

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In this edition of the *European Respiratory Journal*, a European Respiratory Society (ERS) task force adds to previously published guidelines for use of transbronchial lung cryobiopsy (TBLC) for diagnosis of interstitial lung disease (ILD) [1, 2]. Clinical guidelines are intended to outline best practices, frequently in areas for which high quality evidence is lacking. Methodologies for identifying and assessing the evidence are applied to a limited number of questions using standardised processes with clearly articulated roles and responsibilities for guideline participants to generate recommendations, often predicated on a combination of low or very low quality evidence and expert opinion. Disease-specific management guidelines have improved clinical outcomes for conditions as diverse as community-acquired pneumonia [3], hospital-acquired and ventilator-associated pneumonia [4], atrial fibrillation [5] and breast cancer [6]. The impact of diagnostic guidelines is less clear although they, like all guidelines, have the potential to highlight critical evidence gaps that spark reflection and research with the goal of improving care provided in the future. Indeed, the 2020 CHEST and 2022 ERS guidelines for use of TBLC [1, 2] were likely motivated, at least in part, by the 2018 guidelines for diagnosis of idiopathic pulmonary fibrosis (IPF) [7], which cited lack of a standardised procedure and continued concerns about safety as the reasons they offered no recommendation regarding the use of TBLC for diagnosis of IPF, while also acknowledging that it was a reasonable alternative to surgical lung biopsy (SLB) in experienced centres with low rates of adverse events. Participants in the 2018 IPF guidelines were evenly split between 11 who were strongly or conditionally *for* and 11 who were strongly or conditionally *against* recommending TBLC for patients suspected of having IPF but for whom high resolution computed tomography (HRCT) patterns are less than definitive. 4 years later, updated guidelines made a conditional recommendation that “TBLC be regarded as an acceptable alternative to SLB for making a histopathological diagnosis in patients with ILD of undetermined type in medical centers with experience performing and interpreting TBLC” [8]. Quality of the evidence was “very low”.